Town of Estill Youth Council

APPLICATION
(2025 - 2026 Term)

For considerations students must meet the following criteria:

1. Submit a completed application, parental consent form, and a ONE PAGE ESSAY.
2. Submit a one-page typed NOMINATION STATEMENT from a teacher, counselor, principal, pastor/religious leader, or community member who has known the applicant for at least one year.
3. Must be in the 9th-12th grade during the 2025 - 2026 academic school year.
4. Students must be in a (public, private, or homeschool) within Hampton County.
5. **Must be a Town of Estill resident.**
6. Be willing to attend ALL meetings of such boards and committees.
7. Be willing to participate in the Town of Estill Youth Council sponsored service projects, programs, and special events.

PLEASE TYPE OR PRINT IN THE SPACES BELOW:

Applicant's Name:

Street Address (No P.O. Box):

City, State & Zip Code:

Age: _____ Birth Date: _____ Grade: _____ Gender: _____ Race: _____

Nominator's Name: _____ Title: _____

Mailing Address:

City, State & Zip Code:

Phone Number:

1. In your opinion, what is the most important issue facing youth today and how does it affect your generation? **(This question will be used to develop your ESSAY)**

_____

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2. Why are you applying to be a member of the Town of Estill Youth Council?

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3. What strength or specialty will you bring to the Town of Estill's Youth Council?

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4. What ideas do you have to better connect Estill's youth to the local city government?

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5. What do you want to learn during your time on the Council?

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ATTACHMENTS:

- ➢ Nomination statement from Teacher, Counselor, School Administrator, or Civic Leader.
- ➢ Detailed one-page essay in **Ariel, font size 12 (double spaced)**. *(Choose the most political issue facing youth today. Develop an organized essay that includes an introduction, a body with **supportive ideas** and a conclusion with a specific positive action you think will resolve this concern.)*

The deadline to apply is on Friday, August 15, 2024, at 5 PM

Please submit your application via mail, email, or in-person

The Town of Estill Youth Council
323 MLK Jr., Blvd. South
Estill, SC 31313
Email: s.breland@townofestill.sc.gov

PARENTAL CONSENT FORM

The Town of Estill Youth Council actively invites and encourages all students in grades 9th – 12th Grade to apply for this program. If your child is selected, every effort will be made to minimize any burden on council activities on your child's school responsibilities and other personal priorities, including any unnecessary personal financial burden on you and your family. However, you will be responsible for providing transportation to and from meetings or events of the Town of Estill Youth Council.

PERMISSION TO SEEK MEMBERSHIP ON THE TOWN OF ESTILL YOUTHCOUNCIL

My child,_____ is interested in becoming a member of the Town of Estill's Youth Council and I support and authorize his/her participation, if selected. I understand that I am responsible for the transportation of my child to and from any youth council meeting.

PHOTO RELEASE

I understand that the Town of Estill's Youth Council may attract attention from the media and that my child may be photographed or filmed during any meeting or event. Therefore, I grant permission to use photographs, video recordings, or other electronic or printed communications of my child, if selected. I understand that such photographs, recordings, or other communications may be used for public display on the official website of the Town of Estill's Youth Council.

RELEASE FROM LIABILITY

I, the undersigned, expressly release the Town of Estill's Youth Council, and any of its members and staff, any participating public official, or any other participating agency/organization from all claims, which may arise during the term of my child's membership, if he/she is selected.

_____
Signature of Parent/Legal Guardian   Date

For more information please contact:
J.S. Richardson
Phone: 803-625-3243
Fax: 83-625-3106
Email: j.richardson@townofestill.sc.gov